



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Georgia Department of Community Service
Contracts Administration
2 Peachtree Street, NW, 35th Floor
Atlanta, Georgia 30303-1519
Phone Number: 404-657-8979
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Request for Proposal Number: 419-03-00397

Addendum Number: 01 Dated: April 7, 2004

Commodity or Service: Migrant Health Services in Houston and Peach Counties

RFP Initially Mailed/Posted to Internet: April 2, 2004

Purchasing Agent: Joseph Johnson Telephone No. (404) 657-8979

RFP Due Date: April 27, 2004 Time: 2:00:00 PM EDT

The attached information is made a part of this RFP. The purpose of this addendum is to provide the following:

◆ **Project Budget**

The anticipated dollar amount to be awarded under this solicitation shall not exceed One Hundred Thousand Dollars and No Cents (\$100,000.00), unless otherwise provided for by an approved contract amendment, authorizing an increase in the said maximum amount.

All other items remain the same.

NOTE PLEASE REVIEW CAREFULLY!

In the event of a conflict between previously released information and the information contained herein, the latter shall control.

NOTE: A signed acknowledgment of this addendum (this page) should be attached to your RFP response. A signature on this addendum does not constitute your signature on the original RFP document. The original RFP response must also be signed in the proper places.

Firm Name

Signature

Typed Name and Title

Date